**Quality Health and Safety Reporting Form (QHSE)**This form is used to report Hazards, Near Misses, Non-conformances. Incidents must be reported as soon as practical.   
For Urgent matters such as Sentinel Events, immediately notify the duty manager via telephone.   
If an enquiry, complaint or request by an external party, kindly e-mail [feedback@nationalambulance.ae](mailto:feedback@nationalambulance.ae)   
Please consider the information you submit carefully as this is a legal binding document.

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| **ABOUT THE PERSON COMPLETING THIS FORM** | |
| Name: | Date & Time Happened: |
| Mobile Number: | Contract: |
| Job Title: | Site/Location: |
| CAD Number: | Ambulance number / Asset number: |
| Report Type:  Hazard  Near Miss Incident  Non-conformance Sentinel Event | |

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| **DESCRIPTION OF IDENTIFIED HAZARD/ NEAR MISS/ INCIDENT/ NON CONFORMANCE** | | |
| \*A detailed report must be written in this area.  - | | |
| **CORRECTION ACTION**  Action to eliminate a detected nonconformity or undesirable situation | |
| \*Detail the correction taken by the reporting individual or supervisor.  - | |
| **NUMBER OF DAYS LOST (IF APPLICABLE)**  Number of days taken as sick leave |  |